

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
161103834

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.										
1	/						51									
2		/					52									
3		2					53									
4		/					54									
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46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.	3						TOTAL IND.									
TOTAL DEP.	23						TOTAL DEP.									
TOTAL CLAIMS	24						TOTAL CLAIMS									